

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Non-Resident Pharmacy Renewal

Your non-resident pharmacy license in the state of Indiana expires on 12/31/15. Renew online at www.pla.in.gov or send this form with the renewal fee of \$250 (includes \$50 late fee) to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any of the first 5 questions below, include a signed statement fully explaining the response plus any additional documentation with this renewal application. If you answer 'Yes' to question 6 you must include your VIPPS accreditation documentation with this renewal application.

LICENSEE INFORMATION			
Licensee Name	License Number	Expiration Date	Renewal Fee \$250
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, has your facility or any of your pharmacists or technicians been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
2. Since you last renewed, have any of your pharmacist or pharmacy technician licenses been disciplined or are formal charges pending?			YES NO
3. Since you last renewed, has your facility's license(s) been disciplined or are formal charges pending in your state of domicile or any other state in which the facility is licensed?			YES NO
4. Since you last renewed, has your facility been denied a license or registration in any state?			YES NO
5. Since you last renewed, have you had any action, discipline, or revocation on any federal registration you hold or have held?			YES NO
6. Do you receive 25% or more of your business via the internet?			YES NO
EMERGENCY SITUATION PROCEDURES			
7. Do you dispense controlled substances?			YES NO
8. Does your facility engage or plan to engage in sterile compounding?			YES NO
9. Does your facility engage or plan to engage in non-sterile compounding?			YES NO
10. Please enter your facility's DEA number:			
11. Please enter your facility's NABP number:			
12. Please enter the qualifying pharmacist's name and contact information			
13. Please enter the name and email address for a contact person responsible for receiving information from the board (if different than above)			
14. If your facility engages in sterile compounding, how many sterile compound prescriptions does your facility dispense to Indiana patients per month?			
15. If your facility engages in non-sterile compounding, how many non-sterile compound prescriptions does your facility dispense to Indiana patients per month?			
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand the Board of Pharmacy statutes and rules and have answered the questions truthfully to the best of my knowledge.			
Signature of Qualifying Pharmacist		Date (month, day, year)	

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Pharmacy please email renewal4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date